



What's Not Covered?

This section lists most of what TRICARE does not cover. This list is not inclusive, so check with your BCAC/HBA/TSC before getting care if you have any questions.

Abortions

Abortions are not covered except when the mother's life is in danger. The attending physician must certify in writing that the abortion was performed because a life-endangering condition existed, and must provide medical documentation to the TRICARE claims processor for TRICARE to share the cost of the procedure.

Acupuncture

Anabolic Steroids

Artificial Insemination

Artificial insemination or any form of artificial conception. This non-coverage includes in vitro fertilization and gamete intrafallopian transfer, as well as all other non-coital reproductive methods and all services, supplies, and drugs related to them.

Autopsy Services or Post Mortem Examination

Birth Control

Birth control medications for which you do not need a doctor's prescription are not covered. TRICARE Standard will, however, cost share some kinds of birth control. (See the "Family Planning" section in the chapter titled "What's Covered?" and check with your BCAC/HBA/TSC.)

Bone Marrow Transplants for Treatment of Ovarian Cancer

See the section titled "Cancer Test Project Expansion" in "What's Covered?" SECTION 6.

Camps

Examples of such camps are for diabetics or obese people.

Christian Science “Absent Treatment”

This is also called “treatment through prayer and spiritual means,” in which the patient is not physically present when the Christian Science service is rendered.

Chronic Fatigue Syndrome

TRICARE doesn’t cover treatment for chronic fatigue syndrome (CFS) as a defined illness, since there are no generally accepted standards for treatment of CFS, and existing treatments have not been consistently shown to be effective. Legitimate treatment for CFS is limited to relieving individual symptoms, such as prescribing medications for headaches or muscle pains.

Cosmetic Drugs

Drugs for cosmetic use as a result of the aging process, such as Retin-A (for individuals over age 35) or Rogaine.

Cosmetic, Plastic or Reconstructive Surgery

These are not covered except as described in the “Plastic or Reconstructive Surgery” in SECTION 6, “What’s Covered?”

Counseling Services

TRICARE doesn’t cover nutritional counseling, diabetic self-help counseling, diabetic self-education programs, stress management, life-style modifications, marriage counseling (marriage counseling isn’t the same as treatment by a marriage and family therapist, which is covered under TRICARE Standard), etc. Counseling services may be covered under the expanded preventive care benefit, as long as they are performed in connection with immunizations, Pap smears, mammograms, or examinations for colon and prostate cancer. However, they are expected components of good clinical practice that are integrated into the appropriate office visit at no additional charge.

Custodial Care

Custodial care in an institution or home is not covered. Custodial care is taking care of someone’s daily needs, such as eating, dressing, or providing a place to sleep, as opposed to taking care of someone’s medical needs. Some aspects of the care may be covered, such as limited specific skilled nursing services (one hour per day), prescription medicines and up to 12 physician visits per calendar year. Medically necessary care for an inpatient in an acute-care hospital is covered, even if the person’s medical care is considered “custodial.” This can be a gray area, so check with your BCAC/HBA/TSC if you have questions.

Dental Care and Dental X-rays

See the exceptions as provided in the “Dental Care” portion of “What’s Covered” SECTION 6.

Education or Training

There are certain exceptions under the PFPWD.

Electrolysis

Experimental Procedures (also Referred to as “Unproven” Procedures)

There are exceptions under the National Cancer Institute (NCI) approved clinical trials.

Eyeglasses and Contact Lenses

There are certain exceptions under very limited circumstances, such as corneal lens removal.

Family-furnished Care or Supplies

Care or supplies that are furnished or prescribed by a person in the immediate family are not covered.

Food, Food Substitutes or Supplements, or Vitamins Outside of a Hospital

There are exceptions for home parenteral nutrition therapy, such as prescribed for cancer patients, prenatal care, or as part of a specific vitamin deficiency medical condition.

Foot Care

Except when there's a medical problem, such as diabetes or injury.

Genetic Tests

See the “Having a Baby” portion of “What’s Covered?” SECTION 6 and check with your BCAC/HBA/TSC for possible exceptions. A provider must order genetic tests.

Hearing Aids

There is an exception under the Program for Persons with Disabilities. (See the discussion titled “Program for Persons with Disabilities” in SECTION 4.)

Hearing Examinations

They are not covered unless it is connection with surgery or some medical problem or under the Program for Persons with Disabilities. But there are hearing examinations under the well-child care benefit.

Immune Globulin

Investigational Drugs

Learning Disabilities

An example would be dyslexia.

Mind Expansion or Elective Psychotherapy

Some examples would be, Erhard Seminar Training, transcendental meditation, and Z-therapy.

Naturopaths

Orthodontia

Exceptions exist in limited cases, such as when related to the surgical correction of a cleft palate.

Orthotics, Orthopedic Shoes, and Arch Supports

An exception would be when it is part of a brace.

Orthomolecular Psychiatric Therapy

Over-the-counter Drugs

Over the counter (OTC) drugs—those not requiring a prescription by a physician—are not covered. Exceptions are alcohol swabs, needles and syringes for home-use injectable drugs; glucose test strips; insulin and insulin syringes; lancets; and spacers for inhalers.

Private Hospital Rooms

A private hospital room is not covered unless the doctor orders it for medical reasons, or a semi-private room is not available. Hospitals that are subject to TRICARE's diagnosis-related group (DRG) payment system may provide the patient with a private room, but will still receive only the standard DRG amount. ***If a patient asks for a private room, the hospital can bill the patient for the extra charges.***

Rest Cure

Retirement Homes

Self-help Help Courses

TRICARE doesn't cover self-help courses, items or charges related to exercising or relaxation, such as spas, whirlpools, hot tubs, swimming pools, and the like.

Sex Changes

Smoking Cessation Products

Speech Therapy

Speech therapist services are authorized when prescribed by a physician and are part of treatment for the physical defect, and not part of any educational or occupational deficit.

Sexual Dysfunction or Inadequacy Treatment

The prescription medication called Viagra is covered, within certain limits, if it's determined by a patient's provider to be medically necessary for treatment of a TRICARE-covered medical problem.

Surgical Sterilization Reversals

Telephone Services or Advice

This includes remote monitoring and consultation, except for trans-telephonic monitoring of pacemakers. Other types of diagnoses or monitoring by telephone may be available. Check with your BCAC/HBA/TSC for details.

Unproven Services or Care

Please check current policy for additional information.

Vitamins – Except for Formulations of Folic Acid, Niacin, and Vitamins D, K, and B12 (Injection)

Weight Control

Weight control or weight reduction services, drugs, and supplies are not covered, except for certain surgical procedures when specific conditions have been met. (See “Obesity Treatment” on page 90 in the “What’s Covered?” chapter for details.)

Workers’ Compensation

TRICARE will not cost share work-related illnesses or injuries that are covered under workers’ compensation programs.

Medical Review

A national medical review organization is under contract to TRICARE to review some types of care received by eligible patients before TRICARE shares the cost of that care. The care that’s reviewed includes inpatient care that falls under TRICARE’s DRG payment system. Outpatient care may also be evaluated. The review organization makes sure the care is reasonable, necessary, and appropriate.

Physicians and hospitals are generally familiar with, and are required to participate in, a TRICARE contractor’s medical review program.

If you have any questions about whether medical review applies to your care, check with your physician or hospital.

Special rules apply in situations where review organizations evaluate care. Requests for reconsideration of review decisions should be submitted directly to the review organization, following the appeal instructions contained in the initial determination letter to you.